

Receipt
#3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gochanour

Serial No.: 09/110,987

Group No.: 3741

Filed: July 7, 1998

Examiner:

For: PROTECTIVE HAND COVERING AND DISPENSER APPARATUS

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REQUEST FOR CORRECTED FILING RECEIPT

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1. Attached is a copy of the official filing receipt received from the PTO in the above-referenced application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data which is:

- ☐ incorrectly entered
and/or
☒ omitted

Error in

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Correct data

- | | | |
|--------------------------|-----------------------------------|----|
| <input type="checkbox"/> | Applicant's name | 1. |
| <input type="checkbox"/> | Applicant's address | 2. |
| <input type="checkbox"/> | Title | 3. |
| <input type="checkbox"/> | Filing date | 4. |
| <input type="checkbox"/> | Serial number | 5. |
| <input type="checkbox"/> | Foreign/PCT Application Reference | 6. |

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CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: October 15, 1998

Sheryl L. Hammer

Continuing Data as Claimed by Applicant
CIP of US SN 08/725,831, filed 10/7/96

PN 5,774,889



53 OCT 10 11:12:04

3. *(Complete the following applicable item A or B)*

A. ☒ The correction(s) is/are not due to any error by Applicant and no fee is due.

OR

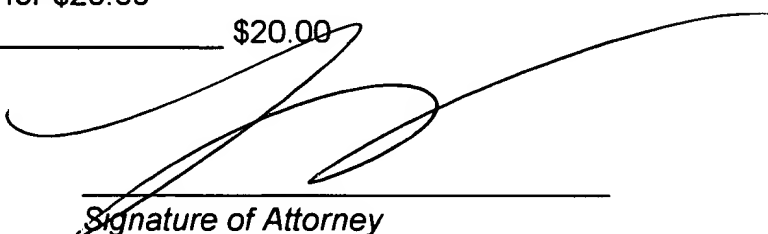
B. ☐ At least one of the above corrections is due to Applicant's error and the fee therefor under 37 CFR 1.19(h) of \$20.00 is paid as follows:

☐ enclosed is check for \$20.00

☐ charge Account _____ \$20.00

Reg. No.: 37,424

Tel. No.: (734) 913-9300



Signature of Attorney

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FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/110,987	07/07/98	3741	\$395.00	GGG-10002/29	4	17	2

JOHN C POSA
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

G. GARY GOCHANOUR, DEXTER, MI.

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* SMALL ENTITY *

TITLE

PROTECTIVE HAND COVERING AND DISPENSER APPARATUS

PRELIMINARY CLASS: 002

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